# **Discretionary Housing Payment (DHP)** for Housing Benefit Claimants **Application**



If you are receiving Housing Benefit and are still having difficulty with your housing costs, you may be able to get extra help from the Discretionary Housing Payment (DHP) fund.

This leaflet contains information about DHP and an application form.

# The funding available from the DHP budget is limited so not everyone can be paid a DHP.

Since a DHP can only be paid for a limited time, it should not be viewed as a solution to your financial hardship. It is a short term measure to assist you while you are taking steps to alter or improve your situation. You may wish to consider using the services listed on page 2 to obtain advice or information that could help you make changes which could benefit you and your current financial situation.

DHP cannot be paid to cover the shortfall between rent liability and Housing Benefit due to recovery of an outstanding overpayment.

Please read the notes below before you fill in the application form. This will help you to give us the right information so that we can assess your DHP application as quickly as possible.

#### Part 1 Your details

Make sure you complete your name, details of all household members and the address for which you wish to claim a DHP.

Tick one or more of the statements that may apply to your situation.

We may phone or email you for information. Please provide your phone number and email address in Part 1 for this purpose.

## Part 2 Rent in advance or deposit

Please provide the information we ask for about the address you wish to move to and give details of why you are moving. You must supply the information requested about your landlord.

# Part 3 Why is the accommodation and area suitable for you?

You need to tell us why the accommodation that you live in is particularly suitable for you or a member of your family, for example:

- Does someone in the household have a disability which requires ground floor accommodation, or has the property been adapted? You must provide full details of any adaptations to your home.
- Do you use a bedroom for your children who stay on a regular basis?
- Is the property near your children's school or nursery, or do you stay near to family who provide you with some kind of support?
- Have you tried to find alternative accommodation? Have you registered with the Council or a Housing Association to be re-housed?
- Do you need an extra bedroom for someone who does not live in your home and provides you with regular overnight care? Tell us the name and address of the person(s) who provides the overnight care, details of the nature of the care and how often it is provided. Please complete page 4 with these details.

### Part 4 Any other information

Please tell us about any recent changes in your circumstances which means you need additional help, such as:

- You are due to have a baby (please detail due date) or have just had a baby
- Starting or leaving work
- Changes in your income

#### Part 5 Financial statement

Please complete the financial statement with all you and your partner's weekly income and expenditure. Some income or expenditure may not be weekly such as clothing. Please convert to an average weekly figure. It may delay your claim if this is not completed fully. Remember to include all disability income and expenditure too.

# Part 6 Signing the form

Please sign and date the form and if you have a partner, please make sure they sign it too. If someone has completed the form on your behalf, please tell us why and get them to sign this section as well.

#### How to contact us

Visit us at: **Customer Service Centre** 

Renfrewshire House

Cotton Street

Paisley PA1 1HY

(Opening hours Monday to Thursday 8.45am-

4.45pm, Friday 8.45am-3.55pm)

Phone: 0300 300 0204

Fmail: benefits.finit@renfrewshire.gov.uk

Write to us at: Benefit Service

Renfrewshire House

Cotton Street

Paisley PA1 1AD

## Where to get help and advice

Please use any of the services below to obtain advice or information that could help you.

#### Financial advice

For advice and information on managing money, rent or council tax arrears or dealing with debt, log on to Renfrewshire Council's website www.renfrewshire. gov.uk and search on money advice where you will find details of organisations, such as Advice Works.

Alternatively, the Citizens Advice Bureau (CAB) may be able to offer you advice. You can find your local CAB in the phone book or at this website www.cas. org.uk/bureaux/renfrewshire-citizens-advice-bureau.

#### **Health matters**

For advice on health matters relating to alcohol and smoking please visit: www.keepwellscotland.co.uk. If you have a gambling addiction you can find help at www.gamcare.org.uk.

## Finding work

There are numerous websites to help you find work. For example log on to www.jobcentreonline.com or www.myjobscotland.gov.uk.

# **Energy efficiency and savings**

For useful advice on how to make your home more energy efficient and save money on your energy bills go to www.energysavingtrust.org.uk/scotland.

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Your name	HB <mark>claim</mark> number		
our address	Home phone number		
	Mobile phone number		
	Email		
ostcode			
o you fall into any of the following groups? (You	may tick more than one box.)		
Foster carers, including those between placements. People who are going through	Where someone in the household is expecting a baby.		
the approval process to become foster carers who may need to show that they have a spare room to be approved. Or, families with kinship care arrangements.	People who have had to flee domestic violence or have moved because of the threat of violence in another area.		
Families with a child temporarily in care but who is expected to return home.	Ex-homeless people being supported to settle in the community.		
People with disabilities who need, or have had, significant adaptations made to their property, or where they are living in a property particularly suited to their needs.	People with health or medical problems who need access to local medical centres or support that might not be available elsewhere.		
Where someone in the household has a disability which requires them to have a	Families with children at a critical point in their education.		
larger property than would usually be the case for the size of their household due to, for example, a medical condition or where a household member has a particular	To help with short-term rental costs until the claimant is able to secure and move to lower-cost, alternative accommodation		
disability that might mean they are unable to share a bedroom. We will ask for more information about this.	Please note that we may contact you for evidence of the statements you have ticked above.		
Households where regular overnight care is provided by someone who does not live with you. Further details must be provided on page 4 and further evidence may be requested.			

If you received a DHP in the last 12 months,	please give details of action you have taken
in order to improve your financial situation.	

· · ·		
Action Taken	Yes/No	Provide Details
Registered for cheaper accommodation		
Reduced expenditure		
Attended job interviews, or		
interviews with advisors to help find work or increase hours worked		
Met with money or debt advisor		
to get help budgeting		
	cause you a	are considered to be under occupying your property,
give as much detail as possible.		
What do you use your extra bedro	om(s) for?	
If someone, who does not live in y	our home, p	provides overnight care:-
(1) What is their name and address		
(1) What is their hame and address.	): 	
(2) What type of care do they prov	ride during t	he night and how regularly is the care provided?
We will contact you for information	n about thi	s, please provide your phone number at part 1.
Why do you wish to apply for a Dis		

Please state how long you expect to need this help f	or?			
Part 2 Rent in advance or deposit				
If you are applying for a DHP to pay rent in advantage the details below.	nce or a deposit	t for a new tena	ncy please complete	
Address of property you require deposit/ rent in advance for	Name and	d address of land	lord	
Contact phone number for landlord				
Are you requesting a DHP for a deposit	Deposit		Rent in advance	
or rent in advance?	£		£	
How many weeks or months in advance is being	asking for?	weeks / mo	onths (delete as appropriate	
What was your previous address?	Who was	your landlord at	your previous address?	
Reason for moving?				
Are you due a deposit to be returned to you from	n your previous	landlord?	Yes No	
If Yes, how much is the deposit?			£	

Please note a deposit or rent in advance can only be paid if the assessor is able to verify details with the landlord and is satisfied that the deposit or rent in advance is a condition of the tenancy agreement.

Please t					for you?		
i icase i	ell us how yo	ur accommod	dation and area is	s suitable for you	(and your far	nily).	
Have yo	u tried to fi	nd alternativ	e accommodat	ion? (Please tic	k one box.)		
Yes	No						
Have yo	u contacted	any advice a	agencies to get	information on	making cha	nges	
that cou	ıld help redı	ice your wee	ekly expenditure	e? (Please tick o	ne box.)		
Yes	No						
Part 4	Any othe	r informati	ion.				
Please t	ell us anv of	her informa	tion that should	d be considered	with this ap	plication.	
Part 5	Financial	assessmen	nt (must be fu	lly completed	in all case	es)	
		assessmen e financial sta		lly completed	in all case	es)	
Please o		e financial sta		lly completed	in all case	es)	Partner £
Please o	complete the	e financial sta		lly completed	in all case	·	Partner £
Please of How m	complete the	e financial sta		lly completed	in all case	·	Partner £
How m Bank ac Building	complete the uch do you h counts	e financial sta		lly completed	in all case	·	Partner £

# Please detail all weekly income and expenditure below.

Household weekly outgoings		Weekly income		
	Household £		You £	Your partner £
Rent		Earned income		
Rent arrears		Jobseekers Allowance		
Council Tax		Income Support		
Council Tax arrears		Working Tax Credit		
Secured loan		Child Tax Credit		
Gas		Child Benefit		
Electricity		Child maintenance		
If gas and electricity seem hig	her than	Private Pensions		
average you will be asked for e		Spousal maintenance		
Life insurance		Work Pensions		
House insurance		Incapacity benefit		
TV rental/internet/Virgin/ Sky		Attendance Allowance		
TV licence		Mobility Allowance		
Food		Carers Allowance		
Telephone		Pension Credit		
(home and mobile)				
Clothing		Other Benefit		
Store card or catalogue		State retirement pension		
Hire purchase or rental of household goods		Disability Living Allowance or Personal Independence Payment		
Child minder or nursery or after school fees		Employment Support Allowance		
School meals and trips				
Travel costs				
Petrol/road tax/car insurance				
Medical and caring expenses				
Cigarettes				
Alcohol				
Other—such as family outings or outstanding debts—please		Any other income—please ac	dvise.	
Total outgoings		Total income		

Please ensure you have detailed all your household income even if you think it is disregarded.

Part 6 Declaration						
with my landlord. (Please tick box.)  I give you (Renfrewshire Council) my permissio	on to share information about this DHP application on to share information about this DHP application ck box and write the names(s) of the representatives					
<ul><li>I declare that:-</li><li>I agree that I have completed all parts of the application form</li></ul>	I understand that if I knowingly give information this is incorrect or incomplete, I may be liable to prosecution					
I understand that this DHP application has been made because I am in financial hardship and require assistance. As such I understand that if appropriate this application can also be used for a Council Tax  Padvetice (CTP) application.	<ul> <li>or other action. If I receive DHP incorrectly, I understand that the Council will ask me to pay it back.</li> <li>I have provided evidence of outstanding debts which are causing me financial hardship.</li> </ul>					
<ul> <li>Reduction (CTR) application.</li> <li>I understand that the information I provided Renfrewshire Council for my Housing Benefit claim will be used to assess my CTR application.</li> <li>I understand that the information I have provided within my DHP application may be used, in conjunction with the information provided to the DWP, to assess my CTR application.</li> </ul>	<ul> <li>I understand that I must let you know in writing straight away about any changes in my circumstances.</li> <li>I understand that information I have provided in connection with this and/or any other application for CTR that I have made or may make, may be given to the Scottish Government and to other organisations, if the law allows this.</li> </ul>					
<ul> <li>I declare that the information I have given on this form is correct and complete as far as I know and believe.</li> </ul>						
Please sign and date the form below.						
You	Date					
Your partner	Date					
If someone else has filled the form in on your behal	f tell us why below and ask them to sign below.					
Reason						
Name of person who has completed form for you						
Signature	Date					